

## Riverside City

## Community Emergency Response Team

## Preparing today for tomorrow's emergencies!



Completion of this form does not constitute enrollment.

You will be contacted for confirmation of enrollment prior to start of the class.

<b>APPLICANT INFORMA</b>	TION	PLEASE PRINT NEATLY	<b>(</b>						
	LAST			FIRST			M.I.		
NAME									
ADDRESS									
				ZIP					
CITY									
HOME PHONE :				CELL PHONE :					
WORK PHONE :			E-MAIL:						
			-			Month	Day	Year	
ORGANIZATION OR COMMUNITY GROUP					Birth date				
Felony Convictions		Must be at least 16 yrs. old, under 18 yrs. must have signed consent form from parent							
Yes* No		or legal guardian							
*Conditional Participati COURSE INFORMAT									
(Check which session		vish to attend)							
X SESSION		COURSE TYPE	LOCATION	DATE	S AND TIME	S			
August 2016 CLA		20-Hour Basic	Riverside Cir Emergency Operations Center	Sat.	i. Aug 5 - 6:00 pm – 9:00 pm at. Aug 6 - 8:00 am – 5:00 pm un. Aug 7 - 8:00 am – 5:00 pm				
**Do you roqui	ro eno	cial accommodations f	or a disability?		hedule Subject	_			

**COURSE FEE:** The Course Fee per person is **\$15.00** and must accompany your registration. **Checks should be made payable to "City of Riverside"**. Course fee is not refundable.

## MAIL COMPLETED REGISTRATION FORM WITH PAYMENT TO:

City of Riverside Fire Department Office of Emergency Management 3085 St. Lawrence St, Riverside, CA 92504 PHONE (951) 320-8100 FAX (951) 320-8102

Or email: Gina Perez –CERT Program Manager <u>gperez@riversideca.gov</u> <u>http://www.riversideca.gov/readyriverside/cert/</u>